



## Fact Sheet:



# **NARCOTIC TREATMENT PROGRAMS: Frequently Asked Questions**

An opiate is a medication or illegal drug, derived from opium poppies, which depresses activity of the central nervous system, reduces pain, and induces sleep. Opiates include heroin, morphine, or any natural opiate identified in the California Uniform Controlled Substances Act. The terms opiate treatment and replacement narcotic therapy (RNT) are often used interchangeably. In California, persons addicted to heroin or other opiates may be admitted to a State approved Narcotic Treatment Program (NTP) for RNT with approved medications by the United States Food and Drug Administration.

### **What is Replacement Narcotic Therapy?**

RNT is the most widely known and well-researched treatment for opiate dependency. The goals of therapy are to prevent abstinence syndrome (relapse), reduce narcotic cravings, and block the euphoric effects of illicit opiate use.

RNT is comprehensive treatment with synthetic opiates approved by the United States Food and Drug Administration for opiate-addicted patients. Authorized narcotic replacement medications are methadone and levo-alpha-acetyl-methadol (LAAM). They are available to patients receiving treatment in a licensed Narcotic Treatment Program (NTP).

RNT has been shown to be the most successful treatment in helping individuals stop using heroin. It has been used for treating heroin addiction for over 30 years and is extremely effective when combined with counseling, medical services, and other necessary treatment to help the patient return to a life without addiction.

The use of methadone and LAAM in the treatment of opiate addiction has been shown to be effective for selected opiate-addicted patients. To receive these medications in a licensed NTP, all patients are required to participate in a comprehensive treatment program which includes a medical evaluation and screening for diseases that are disproportionately represented in the opiate-addicted population. Patients are evaluated and provided counseling for medical, alcohol, criminal, and psychological problems. Patients are also required to undergo regular urinalysis to ensure that illicit drugs are not being used during treatment.

### **What is Buprenorphine?**

In October 2000, the Food and Drug Administration (FDA) approved Buprenorphine as a medication for opiate dependency. Effective January 2005, the California Health and Safety Code established Buprenorphine as an approved medication to be used in Narcotic Treatment Programs. The Department of Alcohol and Drug Programs will not be regulating this medication; however, physicians must be certified by the Substance Abuse and

Mental Health Services Administration (SAMHSA) and comply with the federal requirements.

### **Phases of a Replacement Narcotic Therapy**

There are two phases of RNT -- Detoxification and Maintenance:

➤ **Detoxification:**

In this phase of treatment, patients are provided with gradually reduced doses of narcotic replacement medication to prevent withdrawal symptoms.

Detoxification is generally short-term twenty-one (21) days or less although it can be long-term, up to 180 days. During detoxification treatment, a patient receives a replacement narcotic medication in decreasing dosages to ease adverse physical and psychological effects caused by withdrawal from the long-term use of an opiate.

➤ **Maintenance:**

This phase of treatment provides replacement narcotic medication to patients in sustained, stable, medically determined doses. The purpose is to reduce or eliminate chronic illicit opiate addiction, while the patient is provided a comprehensive range of additional treatment services.

Once patients are stabilized on a satisfactory dosage, it is often possible to address their other chronic medical and psychiatric conditions.

A patient's dose will be determined by the physician at the NTP where they are being treated.

### **Is Replacement Narcotic Therapy Effective?**

Maintenance treatment has been shown to decrease illicit drug use, assist in preventing the transmission of infectious and communicable disease among drug users, reduce infant mortality, increase employment and decrease criminal activity.

Over fifty percent of patients remaining in treatment for more than six months dramatically reduce illicit drug use.

### **What is Methadone?**

Methadone is a long-acting synthetic opiate, used primarily in the treatment of opiate addiction. Given to individuals addicted to illicit opiates, it suppresses withdrawal without producing a "high".

Methadone is the most widely known pharmacologic treatment for opiate dependence and is effective in reducing illicit opiate use and retaining patients in treatment. Ongoing methadone treatment also decreases the risk of contracting infectious and communicable disease among drug users, and is considered a cost-effective intervention.

### **What is LAAM?**

LAAM is an oral liquid narcotic replacement medication for the treatment of opiate addiction. LAAM prevents withdrawal symptoms for up to three days and blocks the "high" of street opiates. This is a maintenance

medication that is taken three times per week.

### **Are The Medications Used for Replacement Narcotic Therapy Addictive?**

Like several other useful drugs, narcotic replacement medications produce physical dependence. However, the term “addiction” refers to behavior that is compulsive, out of control, and persists in spite of adverse consequences. If someone on NRT is not using illicit drugs and is using only the legal ones as prescribed, this therapy can be viewed as simply another medication.

### **Do The Medications Used for Replacement Narcotic Therapy Have Side Effects?**

When used as directed, methadone and LAAM are safe alternatives for treating opiate addiction. Aside from producing physical dependence, the medications used in NRT have no known serious or prolonged side effects, even when taken daily for several years. They are longer acting than heroin, and are ingested orally rather than injected, which reduces cravings and renders the use of needles unnecessary.

### **Why Are Medications Used for Replacement Narcotic Therapy Helpful in the Treatment of Narcotic Addiction?**

Both methadone and LAAM are longer-acting than heroin and other street narcotics. Each medication is effectively ingested orally. Methadone is generally administered only once daily and LAAM is administered every 48 to 72 hours.

None of the problems common with intravenous drug abuse are present with the oral administration of these medications. Rather than cycling from craving, to a “high” or euphoric state, to restlessness, and back to craving every few hours as with heroin use, the replacement narcotic treatment medications provide patients a much more stabilized life. This stability permits patients to participate in normal daily activities without the disruptive effects of an illicit drug-using lifestyle.

### **How Are Replacement Narcotic Therapy Services Funded?**

RNT services in California may be both privately paid and publicly funded. Federal, state, and local funds go to programs through county and direct provider contracts to assist with payment for services to patients who are unable to pay. Funding sources also include Medi-Cal, and third-party payers such as insurance companies.

### **Who Operates Narcotic Treatment Programs?**

The majority of California's NTPs are privately operated. The remaining NTPs are operated by local government agencies. Treatment aspects of each program are under the supervision of a medical director, who is a licensed medical doctor. Overall program operation is the responsibility of a designated program director.

### **What is ADP's Role in Licensing and Regulating NTPs?**

NTPs are regulated and licensed by ADP. ADP is responsible for ensuring that patients who enroll in NTP programs receive therapeutic care and ensure the

health and safety of each patient is upheld. Annual inspections are conducted by ADP staff to monitor each NTP for compliance with the California Code of Regulations and other state and federal laws and regulations. ADP works with Substance Abuse and Mental Health Services Administration (SAMSHA), Center for Substance Abuse Treatment (CSAT) and the federal Drug Enforcement Agency (DEA).

### **How Long Do Patients Stay on Narcotic Replacement Therapy?**

Patients stay on NRT as long as medically necessary to reduce or eliminate the craving to use illicit drugs. A medical decision to discontinue NRT should come directly from the treatment provider's physician after discussing options with the patient. Continuation of methadone maintenance is a necessary component of an effective treatment plan for the patient, to be discontinued only after consultation with the treatment provider's medical staff.

RNT should not be discontinued without the full cooperation of both the prescribing physician and the patient.

### **Is Narcotic Therapy Cost-Effective?**

At an average cost of \$11 to \$13 per day, methadone maintenance treatment in particular is clearly a cost-effective alternative to incarceration or hospitalization.

To locate a licensed NTP in your area call (800) 879-2772 or check the ADP website at <http://www.adp.ca.gov>